

**CITY OF  
NOTTINGHAM**



**EDUCATION  
COMMITTEE**

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**PRINCIPAL SCHOOL MEDICAL OFFICER'S  
ANNUAL REPORT**

**ON THE WORK OF THE  
SCHOOL HEALTH SERVICE  
FOR THE  
YEAR 1972**



**Adopted by the Education Committee at its meeting  
on 28th November, 1973.**



**ELEANOR J. MORE, M.B., Ch.B., D.P.H.,**  
*Principal School Medical Officer.*

**D. J. W. SOWELL, B.A., M.Ed.,**  
*Acting Director of Education.*



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# SCHOOL HEALTH SERVICE

## SPECIAL SERVICES SUB-COMMITTEE

(Municipal Year 1972-73)

*Chairman :* Councillor Mrs. I. F. MATTHEWS, J.P.

Alderman R. E. GREEN  
(Chairman of the Education Committee)

Alderman A. F. ROBERTS, D.L.  
Alderman L. WHITEHOUSE  
Councillor W. R. ADAMS  
Councillor E. BAKER  
Councillor T. CREW

Councillor Mrs. J. E. FENNELL  
Councillor E. PATE, J.P.  
Councillor T. S. WILKINS, J.P.  
Councillor Mrs. M. M. YUILL  
Mr. G. HAPPER

### STAFF (31st December, 1972)

*Principal School Medical Officer :*  
ELEANOR J. MORE, M.B., Ch.B., D.P.H., M.F.C.M.

*Deputy Principal School Medical Officer :*  
DORREEN R. BROOK, M.B., Ch.B.

*School Medical Officers :*  
BARBARA WARD, M.B., B.S., D.A., D.C.H.  
ISABEL M. GREEN, M.B., Ch.B., D.C.H.  
H. M. MACINTYRE, M.B., Ch.B.

*Part-time Medical Officers :*  
G. BHATIA, M.B., B.S., D.A.  
G. C. H. CHANDLER, M.R.C.S., L.R.C.P.  
B. P. COLLINS, L.R.C.P., M.R.C.S.  
K. SHALLCROSS DICKINSON, M.R.C.S., L.R.C.P., F.P.S., F.R.Ent.S.  
W. FABISCH, M.D., F.R.C.P., F.R.C.Psych., D.P.H.  
A. F. GLYNN, M.B., Ch.B.  
K. S. MACDONALD-SMITH, M.B., Ch.B., F.R.C.S.  
K. L. MANGWANA, M.B., B.S.  
J. B. O'MAHONEY, M.B., Ch.B.

*Part-time Specialists :*  
(By arrangement with the Sheffield Regional Hospital Board)  
H. FRASER, M.B., Ch.B., D.O. (Ophthalmic Surgeon)  
N. R. GALLOWAY, B.A., M.B., Ch.B., D.O., F.R.C.S. (Ophthalmic Surgeon)  
S. M. HAWORTH, M.B., Ch.B., D.O., F.R.C.S. (Ophthalmic Surgeon)  
T. B. HOGARTH, M.B., Ch.B., F.R.C.S. (Aural Surgeon)  
J. F. NEIL, M.A., M.B., Ch.B., F.R.C.S. (Aural Surgeon)  
D. HULL, M.B., Ch.B., M.R.C.P., D.Obstet.R.C.O.G., D.C.H. (Professor of Paediatrics)  
A. D. MILNER, M.D., M.R.C.P., D.C.H. (Paediatrician)  
T. A. RATCLIFFE, M.A., M.B., B.Ch., D.P.M., D.C.H. (Psychiatrist)  
ELIZABETH ARKLE, M.D., D.P.M. (Psychiatrist)  
V. PILLAI, D.P.M., D.C.H. (Psychiatrist)

*Part-time Audiometrician :* E. F. WARD, M.S.A.T.

*Schools' Psychological Service :*  
J. J. GROVER, B.A., Dip.Ed., A.A.B.Ps.S. (Senior Educational Psychologist)  
D. CHEETHAM, B.A., Dip.Ed. (Educational Psychologist)  
Mrs. J. HARDY, B.A. (Educational Psychologist)  
W. E. C. GILLHAM, B.A. (Educational Psychologist)  
Miss J. STEWARD M.A., L.T.C.L. (Educational Psychologist)  
Miss B. PRETIOUS, Dip.Ed. (Senior Remedial Teacher)  
L. C. W. MILNER Dip.Ed. (Remedial Teacher)  
Mrs. R. BATCHELOR, Dip.Ed. (Remedial Teacher)  
Mrs. N. LANE, Dip.Ed. (Remedial Teacher)  
Mrs. H. S. GASKINS, B.Sc. (Remedial Teacher)

*Principal School Dental Officer :*  
N. H. WHITEHOUSE, B.Ch.D., L.D.S., D.D.H., D.D.P.H.R.C.S.(Eng.)

*Area Dental Officer :*  
R. M. GRAY, B.D.S.

*Senior Dental Officers :*  
ERIKA MELLAKAULS, L.D.S. PAULINE F. MURPHY,  
MAUREEN M. KING, B.D.S. B.D.S., L.D.S.R.C.S.  
MYRETTE J. J. POWER, L.D.S.R.F.P.S.

*Dental Officers :*  
DIANE R. SYDER, B.D.S. \*N. E. CHETTL, L.D.S.R.C.S.  
†ENID DURANCE, L.D.S. \*D. R. DAVIES, L.D.S.  
†LINDA E. HILL, B.D.S. \*H. R. GOYAL  
\*C. A. ATKINS, B.D.S. \*E. A. MEADOWS, L.D.S.  
\*RASMA J. BREIKS, D.D.D. \*MARGARET C. READE, L.D.S.

*Dental Auxiliaries :*  
JANE E. COOK JANICE M. GRIFFITHS  
HILARY V. TOGNI SYLVIA RICHARDSON

*Dental Surgery Assistants :*  
Full-time : 7  
Part-time : 16

*Speech Therapists :*  
Mrs. P. M. GREENWOOD, L.C.S.T. Miss R. T. TIPPELL, L.C.S.T.  
(Senior) \*Mrs. N. MICHELLI, L.C.S.T.  
Miss M. E. DRURY, L.C.S.T. \*Mrs. J. S. THOMAS, L.C.S.T.  
Miss B. E. GRIEVESON, L.C.S.T. †Miss S. E. LITTLEFAIR, L.C.S.T.  
Mrs. K. J. GILBY, L.C.S.T. \*Mrs. R. M. TURTON, L.C.S.T.  
Mrs. A. E. ROBERTS, B.Sc. \*Mrs. A. M. E. KNAPP, L.C.S.T.  
Mrs. K. P. ROBSON, L.C.S.T. \*Mrs. M. V. T. GARRATT, L.C.S.T.

*Social Workers :*  
Mrs. J. SMART, R.M.N. \*Mrs. E. WILL, Dip.Soc.St.  
Miss B. ROLLITT, S.R.N., C.S.W.

*Administrative Assistant :* S. PALMER

*Superintendent School Nurse :* Miss J. L. HOLMES, S.R.N., R.C.N.T.

*School Nurses:*  
Mrs. M. ALLIN, S.R.N. Mrs. E. M. LOACH, S.R.N., R.S.C.N.  
Mrs. C. L. BIRD, S.R.N. Mrs. J. M. MEHTA, S.R.N.  
Miss M. F. BRANSFIELD, Mrs. E. A. MOORE, S.R.N.  
S.R.N., C.M.B. Miss D. O'CONNOR, S.R.N.  
Mrs. S. A. CLARKE, S.R.N. Mrs. M. PORTINGTON, S.R.N.  
Mrs. M. C. DOLBY, S.R.N. Mrs. P. RUSHTON, S.R.N.  
Mrs. E. M. EARNSHAW, S.R.N., S.C.M. Mrs. B. L. SELMAN, S.R.N.  
Mrs. F. A. FREESTON, S.R.N., S.C.M. Mrs. E. M. V. SPRAY, S.R.N., S.C.M.  
Mrs. P. J. GOODCHILD, S.R.N. Mrs. R. M. TURNER, S.R.N.  
Miss S. L. HAYES, S.R.N., S.C.M. Mrs. B. A. WALMSLEY, S.R.N.  
Mrs. M. C. JOHNSON, S.R.N. Mrs. W. M. WILSON, S.R.N.

*Nurses' Assistants :* Six *Clinic Attendants :* Seven part-time

*Physiotherapists :*  
\*Mrs. P. WITCOMBE \*Mrs. E. HARRINGTON

*Clerical Staff :* Chief Clerk (A. JONES); Senior Clerks (Miss J. AUCKLAND and Miss J. BANKS); 18 Clerks; four Shorthand-Typists; and one Clerk-Typist.

*Hostel for Maladjusted Pupils :*  
ORSTON HOUSE—Warden and Matron : Mr. and Mrs. C. COLUMBINE

*Assistant Matron :* Mrs. N. ATKIN

† Part-time Staff (Salaried)  
\* Part-time Staff (Sessional)



# CITY OF NOTTINGHAM EDUCATION COMMITTEE

## SCHOOL HEALTH SERVICE

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REPORT FOR THE YEAR ENDED 31st DECEMBER, 1972

BY

THE PRINCIPAL SCHOOL MEDICAL OFFICER  
DR. E. J. MORE

*To the Chairman and Members of the  
City of Nottingham Education Committee.*

LADIES AND GENTLEMEN,

It is my pleasure to present the 64th Annual Report of your School Health Service.

Dr. James, who had been Principal School Medical Officer since April, 1966, left at the end of December, 1971, to take up a post as Consultant in Mental Subnormality at Pindersfield Hospital, Wakefield. We wish him every success and happiness.

I should like to pay tribute to Mr. W. G. Jackson, the Director of Education, who retired in October, 1972. Mr. Jackson was always most helpful, and his great compassion for the handicapped and under-privileged made him most sympathetic to their needs. We wish him many years of happy retirement.

Throughout the year, the work of the Department has continued on the same lines as previously, with several additions. Following the Education (Milk) Bill, 1971, we were involved in selecting junior age children who were deemed by Medical Officers to be in need of free school milk. The figures are quoted later in the report. This was a time consuming operation in which we were glad to have the help of several general practitioners on a part-time basis.

As a result of the proposed National Health Service reorganisation, Joint Working Groups were set up under the Joint Liaison Committee, and the Department has been involved in producing information and figures about the existing service for these Working Groups. Miss Holmes, Superintendent School Nurse, has represented the School Health Service on Joint Working Group 5, Manpower (including a Sub-Working Group concerned with Nursing Staff); Mr. Palmer, Administrative Assistant, on Joint Working Group 7, on Health Records, Statistics and Information, and Joint Working Group 5, Personnel Sub-Group; and I have served on Joint Working Group 6 on Personal Health Care Services, and Joint Working Group 9 on Medical and Dental Services, since October, 1972.

I may say that the National Health Service reorganisation and the Local Government reorganisation with the merging of the City and County authorities, both timed for the 1st April, 1974 have caused great uneasiness throughout the entire staff. There are so many unanswered and unanswerable questions that it is very difficult to be able to reassure any one about the future. The one fact we must hold on to is that the children to whom we give our service will not vanish on the 1st April, 1974.

I hope that 1973 will see gradual clarification of the future emerge, but I anticipate that changes will take place slowly over a longish period. It is to be hoped that existing, excellent links between the service, the Education Department and the many other disciplines will not be strained or severed by longer lines of communication.

On a happier note, we were involved in the planning of the new replacement of our Arboretum Day School for Physically Handicapped Children. This is to be built in the grounds of the Peveril School, with a communicating link, and a lift installed in Peveril School. This is a development to which we have looked forward eagerly. There will be nursery provision, and girls and boys up to 16 years of age will be catered for, with medical and nursing facilities centrally placed. Bright physically handicapped children who cannot cope physically in an ordinary secondary school, will be able to use the specialist facilities in the Peveril School and go on to do 'O' levels, while still having the specialised care in the Physically Handicapped School. It has always been disappointing that these children have had to be sent to Residential School at this stage in their lives previously.

As Dr. James mentioned in the last Annual Report, we have been concerned with the severely educationally sub-normal children since 1st April, 1971, and so the figures for this year are again not strictly comparable with those of previous years, since they now include the children at the Shepherd School for the Severely Educationally Sub-Normal.

We have been involved also with the planning of the Special Care Unit at the Shepherd School. This is to be a unit for the children so severely mentally and physically handicapped that, up to now, there has been no day school provision for them. Some of these children have been attending part-time at the Mount, the Day Care Unit run by the Spastics Society—a provision which has given welcome relief to the parents, and care and stimulation for the children.

## STAFF

Despite the uncertainty caused by 1974, we have been fortunate in maintaining a good and very loyal staff in all departments, to whom I am very grateful for their support in this past year.

We were happy to welcome as my deputy, Dr. Rachel Brook, who came in October. Her wide experience of handicapped children is a great asset. Dr. P. Bradbury, part-time Medical Officer left on his retiral from general practice. We wish him a long and happy retirement.

Dr. Page, Consultant Paediatrician, retired in August, 1972. He had held a weekly paediatric clinic in our central clinic since July, 1948. We were sorry to see our long and pleasant association with Dr. Page come to an official end, and our best wishes go with him for a long and happy retirement. We are extremely glad that this very worthwhile addition to our service to the City's school children is able to continue. We are very grateful to Dr. A. Milner, Consultant Paediatrician and Senior Lecturer in Child Health, who now holds this clinic.

Nurse A. E. Clarke retired in September after 17 years in the service, and Nurse Young left after 6 years. We are grateful to them both for the excellent service they had given.

Mr. G. Hancock, Administrative Assistant, was promoted to Committee Clerk in Exchange Buildings and Mr. Palmer succeeded him, while Mr. Alan Jones became Chief Clerk. I should like to thank them and Miss Auckland at the Schools Psychological Centre for the tremendous administrative support they have given me in this year.

Mrs. Greenwood, Senior Speech Therapist, went to London University on leave of absence to take her M.Sc. degree. She returns in October, 1973. Her place has been very ably filled by Miss Drury as Acting Senior Speech Therapist.

## **MEDICAL INSPECTIONS**

The pattern has not changed from 1971, with a thorough medical examination, including developmental assessment at the Entrant Stage, and Selective examinations at 8, 11 and 14 years of age. Children with conditions of educational significance are followed up and screening is done for visual and auditory defects at all stages, as well as orthopaedic defects at the Leaver Stage, in those children not selected for full examination.



## THE SCHOOL DENTAL SERVICE

**Report by Mr. N. H. Whitehouse, Principal School Dental Officer.**

### Staffing :

On 31st December, 1972, the dental staff consisted of:-

					<i>Salaried</i>	<i>Sessional</i>
Principal School Dental Officer	..	..	..	..	1.1 (1.1)	- (-)
Area Dental Officer	..	..	..	..	1.1 (-)	- (-)
Senior Dental Officers	..	..	..	..	4.1 (3.1)	- (-)
Dental Officers	..	..	..	..	2.4 (2.2)	2.1 (2.5)
					8.7 (6.4)	2.1 (2.5)
Medical Officers (Dental Anaesthetists)	..			..	- (-)	0.8 (0.85)
					4.0 (4.0)	- (-)
Dental Auxiliaries	..	..	..	..		
TOTAL	..	..	..	..	12.7 (10.4)	2.9 (3.35)

Twenty-three dental surgery assistants gave a whole-time equivalent of 15.4 of which eight are employed on an occasional part-time basis, for use when sickness among salaried assistants, or general anaesthetic sessions make the provision of extra trained staff necessary.

During 1972, the expansion of the dental service continued and in August, Mr. R. M. Gray was appointed as Nottingham's first Area Dental Officer. Later in the year, Mrs. M. Power became the fourth Senior Dental Officer and Miss D. Syder, previously sessional, joined the full-time staff. In December, Mr. H. Goyal was appointed as a part-time dental officer and Mr. J. S. Vohra resigned after three years valuable service with the city.

It was among the dental auxiliaries that most changes occurred. In the summer Mrs. L. Anelay and Mrs. J. Richardson left us but we were fortunate to recruit Mrs. J. Griffiths from Derby and Miss S. Richardson, a newly qualified auxiliary from New Cross.

The overall whole-time equivalent of clinical dental staff rose again to a new record level of 15.6.

The national shortage of trained dental auxiliaries, although not yet a problem in Nottingham is causing difficulties in those local authorities who have designed long term plans specifically involving their use. Whilst appreciating the need for a careful evaluation of the type of dental ancillary to be trained in the future, it seems a pity that there are, apparently, no interim plans for the creation of further training schools.

### Evening Sessions and Premises:

297 evening sessions were worked during 1972, an increase of 50% over the previous year. There is no doubt that the sessions have proved very successful both as a help to older children and working mothers and as a means of continuing the expansion of the service by making more economic use of the limited surgeries available while awaiting the completion of new premises.

In August, the dental suite in the new Bulwell Health Centre was opened and the demand for treatment which rapidly developed amply

justified the provision. The two surgeries are equipped with the latest type of dental equipment and provide an ideal relaxed environment for dentistry, especially suitable for children.

Nottingham's first mobile dental-unit was delivered in December and was put immediately into use at the Shepherd Special School. Its potential was quickly demonstrated and a great deal of dental treatment was carried out which would have been impossible for handicapped children outside the normal school environment.

Wider use of this unit will improve considerably the dental service in areas in which health centres have not yet been built and other mobiles of this type should in the future permit dental care to be delivered more efficiently to large school complexes.

### **Dental Health Education:**

The visit of Pierre the Clown in February was again the highlight of the year and the dental auxiliaries followed up his act with talks and demonstrations in many of the primary schools. More advantage than usual was gained from his visit, by the organisation of a scrapbook competition by the General Dental Council. Thirteen schools entered and the first prize was won by Claremont Primary School. All the schools involved were congratulated on the very high standard of their entries.

In all, 107 sessions were devoted to dental health education.

### **Dental Inspection:**

During 1972, 18,112 (32.7% of the school population) received a routine dental inspection in school and 7,402 (13.3% of the school population) were inspected as special or casual patients. A total of 25,514 (46.0% of the school population) therefore was inspected.

**Table 1 :**

<i>Year</i>	<i>% of school population routinely inspected</i>	<i>% of school population specially inspected</i>	<i>Total % inspected</i>
1968 ..	13.0	11.0	24.0
1969 ..	21.0	11.0	32.0
1970 ..	31.3	11.7	43.0
1971 ..	24.9	13.1	38.0
1972 ..	32.7	13.3	46.0

Table 1 demonstrates the changing pattern during the last five years. The 1972 total of 46.0% of the school population inspected is the highest ever recorded, but it must be remembered that, ideally, each child should be examined at least twice yearly.

It is hoped that the new surgeries opened in 1972, when in use for a full year, will substantially improve the position.

### **Dental Treatment:**

The increase in the number of dental visits and sessions which has been a feature of the last five years is again demonstrated in Table 2.

**Table 2 :**

<i>Year</i>	<i>No. of visits for dental treatment</i>	<i>No. of sessions devoted to dental treatment</i>	<i>Percentage of school population treated</i>
1968 ..	18,163	2,153	17.5
1969 ..	24,635	3,323	18.2
1970 ..	26,346	3,571	18.4
1971 ..	32,688	4,425	20.1
1972 ..	35,549	4,783	21.9

That doubling the number of sessions devoted to dental treatment in the last five years has resulted in only 5% more of the present school population being treated is interesting, if disheartening. Certainly it is impossible to visualise the gulf between the 72% found to require treatment and the 21.9% who received it in 1972 ever being bridged with present or projected future levels of dental manpower. The need for a preventive dental service, based on the addition of fluoride to the water supply is thus paramount if dental disease is ever to be controlled in Nottingham.

**Table 3 :**

<i>Year</i>	<i>Permanent teeth extracted : Permanent teeth filled</i>	<i>Deciduous teeth extracted : Deciduous teeth filled</i>
1968 ..	1 : 3.41	1 : 0.04
1969 ..	1 : 4.72	1 : 0.22
1970 ..	1 : 5.06	1 : 0.40
1971 ..	1 : 5.88	1 : 0.55
1972 ..	1 : 5.70	1 : 0.72

The ratio of permanent teeth extracted to permanent teeth filled fell slightly in 1972 but continued to show the influence of the incremental care programme, and the expected improvement in the primary dentition ratio occurred. This latter trend is perhaps better illustrated in Table 4 which reflects not only the wider use of dental auxiliaries with small children but also a changing parental attitude towards the treatment of deciduous teeth.

**Table 4 :**

<i>Year</i>	<i>Number of deciduous fillings</i>
1968 ..	324
1969 ..	2,198
1970 ..	4,374
1971 ..	5,757
1972 ..	7,564

A summary of the dental treatment provided is shown in the appendix and comparative figures for 1971 are given.

### Screening for Sickle Cell Anaemia :

The screening of patients of African, West Indian or Asian descent prior to general anaesthesia continued and Table 5 shows the results of these investigations:-

**Table 5 :**

<i>Year</i>	<i>No. of children tested</i>	<i>No. of children with abnormal haemoglobins</i>	<i>Abnormal haemoglobins present</i>	
			<i>A &amp; S</i>	<i>S &amp; C</i>
1969 ..	443	48	48	—
1970 ..	686	62	61	1
1971 ..	598	60	60	—
1972 ..	823*	55	53	2

\* The number tested includes 167 children of Asian descent, none of whom was found to have abnormal haemoglobins.

Dental extractions for all children who were found to have sickle cell traits were carried out under local anaesthesia.

### Postgraduate Courses :

The arrangement for the attendance of a dental officer at the Orthodontic Clinic of the General Hospital continued, and we are grateful to the Consultants concerned for their co-operation.

The opening of the Medical Centre at the City Hospital caused a change in the form of postgraduate education, the emphasis moving from long courses at national centres to short intensive local ones, and several members of dental staff attended such courses during the year.

A further two year evening class was begun in September for dental surgery assistants and a full-time course for eleven students began.

Although it is too early to evaluate the success of this latter venture, it is hoped that the School Dental Service will develop a useful local training function.

N. H. WHITEHOUSE, B.Ch.D., L.D.S., D.D.H.,  
D.D.P.H.R.C.S (Eng).  
*Principal School Dental Officer.*



## NUTRITION

Because of the withdrawal of free milk from junior age school children following the Education (Milk) Bill and the Provision of Milk and Meals (Amendment No. 2) Regulations of 1971, we were involved in selecting junior children deemed to be in need of school milk. These initial examinations were done over the period October, 1971, and early 1972. The figures are given as follows:-

No. of children examined	..	3,722
No. to receive free milk	..	1,024

These examinations were carried out by our own Medical Officers with the help of part-time general practitioners. Subsequent examinations and re-examinations have been fitted in with follow-up examinations, and will cause much less disruption of the work.

## HANDICAPPED PUPILS

The following headings refer to the educational grouping described in the Handicapped Pupils Regulations 1959. These do not give reasons for the child's disability, but where appropriate, these are divided into sub-groups. (Figures in brackets are those for 1971).

### Blind:

Residential Special School	..	..	..	4	(5)
Awaiting residential placement	..	..	..	-	(1)
Home Education	..	..	..	-	(-)
Day Special School	..	..	..	1	(1)

These pupils are making satisfactory progress in Residential Schools.

### Partially Sighted:

Residential Special School	..	..	..	9	(7)
Awaiting residential placement	..	..	..	2*	(2*)
Ordinary School	..	..	..	18	(17)
Day Special School	..	..	..	2	(2)

\* included in day special school

Since 1970 the numbers of partially sighted children needing residential school have risen slightly. The long waiting time for places in some cases, causes us some concern.

### Deaf:

Residential Special School	..	..	..	2	(1)
Day Special School	..	..	..	39	(36)
Awaiting Placement	..	..	..	-	(-)

We are very fortunate in having our own day school provision for the deaf and partially hearing, and so, few children need to go away to residential school. We also accept children from the surrounding county areas.

### Partially Hearing:

Residential Special School	..	..	..	-	(-)
Day Special School	..	..	..	14	(10)
Ordinary School	..	..	..	69	(68)



Miss Allen, the peripatetic teacher of the deaf at the Ewing School, continues to supervise children with hearing problems in ordinary schools as follows:-

<i>School</i>				<i>Girls</i>	<i>Boys</i>
Bulwell St. Mary's Primary	..	..	..	1	-
Edna G. Old Primary	..	..	..	1	-
Ellis Guilford Secondary	..	..	..	1	-
Fernwood Junior	..	..	..	1	-
Greenwood Junior	..	..	..	-	1
Haydn Junior	..	..	..	3	-
Huntingdon Junior	..	..	..	1	-
Robin Hood Infant	..	..	..	1	-
Robin Hood Junior	..	..	..	-	1
Shepherd Special	..	..	..	3	2
Walter Halls Primary	..	..	..	1	-
Welbeck Primary	..	..	..	-	1
Whitegate Junior	..	..	..	-	1
William Crane Infant North	..	..	..	-	1
				13	7

### Physically Handicapped:

Residential Special School	..	..	..	7	(8)
Day Special School	..	..	..	43	(51)
Ordinary School	..	..	..	126	(122)
Awaiting Residential Placement	..	..	..	-	(1)
Home Education	..	..	..	2	(-)

The figures have not varied greatly over recent years. Those children who can cope in ordinary school remain there but are kept under regular review.

The disabilities of these physically handicapped children are as follows:-

### Day Special and Residential Schools:

Abnormalities and Deformities	..	..	..	..	3
Achondroplasia	..	..	..	..	1
Cerebral Palsy	..	..	..	..	12
Fragilitas Ossium	..	..	..	..	1
Haemophilia	..	..	..	..	1
Heart (congenital)	..	..	..	..	3
Hemiplegia	..	..	..	..	3
Hydrocephalus	..	..	..	..	2
Muscular Dystrophy	..	..	..	..	1
Paraplegia	..	..	..	..	2
Sickle Cell Anaemia	..	..	..	..	1
Spastic	..	..	..	..	3
Spina Bifida/Hydrocephalus	..	..	..	..	8
Spina Bifida	..	..	..	..	8
Tracheostomy	..	..	..	..	1
					50

### Ordinary Schools:

Abnormalities and Deformities	..	..	..	..	30
Achondroplasia	..	..	..	..	2
Cerebral diplegia	..	..	..	..	1
Cerebral Palsy	..	..	..	..	9
Christmas Disease	..	..	..	..	2
Craniostenosis	..	..	..	..	1

Defect of Spine .. .. .	1
Fallot's Tetralogy .. .. .	1
Fragilitas Ossium .. .. .	1
Haemophilia .. .. .	2
Heart (congenital) .. .. .	36
Hemiplegia .. .. .	12
Hernia (Hiatus) and Deformed Chest .. .. .	1
Hydrocephalus .. .. .	1
Kyphoscoliosis .. .. .	1
Muscular Dystrophy .. .. .	1
Perthé's Disease .. .. .	5
Poliomyelitis .. .. .	1
Rheumatism .. .. .	1
Rheumatic carditis .. .. .	1
Rheumatoid Arthritis .. .. .	4
Scoliosis .. .. .	2
Sickle Cell Anaemia .. .. .	1
Spina Bifida .. .. .	4
Still's Disease .. .. .	1
Talipes .. .. .	3
Ventricular Septal Defect .. .. .	1
	<hr/>
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#### **Delicate:**

Residential Special School .. .. .	5	(6)
Day Special School .. .. .	5	(6)
Ordinary School .. .. .	129	(147)
Awaiting Residential School Placement .. .. .	1*	(1)

\* Included in Ordinary School.

The various types of delicate children are as follows:-

#### **Day Special and Residential Schools:**

Asthma .. .. .	5
Coeliac Disease .. .. .	1
Debility .. .. .	1
Fibrocystic Disease .. .. .	2
Renal Disease .. .. .	1
	<hr/>
	10

#### **Ordinary Schools:**

Asthma .. .. .	46
Asthma/Bronchitis .. .. .	8
Bronchitis .. .. .	3
Congenital dislocation of hip .. .. .	1
Cretin .. .. .	1
Chronic or recurrent Otitis Media .. .. .	29
Coeliac Disease .. .. .	3
Diabetic .. .. .	19
Fibrocystic Disease .. .. .	5
Nephrotic Syndrome .. .. .	2
Osteogenesis Imperfecta .. .. .	2
Osteomyelitis .. .. .	1
Respiratory Infections .. .. .	2
Thalassaemia .. .. .	1
Thrombocytopenic Purpura .. .. .	3
Tuberculosis .. .. .	1
Urinary Infection .. .. .	1
Von Willebrand's Disease .. .. .	1
	<hr/>
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Asthma continues to be the biggest single condition in this group.

### **Educationally Sub-Normal:**

Residential Special School	..	..	..	12	(10)
Awaiting Residential Placement	..	..	..	1	(3)
Day Special School	..	..	..	761	(696)
Awaiting Day Special School Placement	..	..	..	62	(59)

Numerically this is the largest group of handicapped children, and since April, 1971, the numbers have been increased by the inclusion of the severely educationally subnormal children.

The plans for a new Secondary Educationally Sub-Normal School for the city are well advanced. When this is complete and Rosehill School has been rebuilt, all our Special Educationally Sub-Normal schools will be modern and up to date.

### **Epileptic:**

Residential Special School	..	..	..	8	(5)
Day Special School	..	..	..	-	(1)
Ordinary School	..	..	..	129	(148)
Awaiting Residential School Placement	..	..	..	1	(-)

Only children whose fits are not sufficiently controlled need residential school. The majority manage to cope in ordinary school where they are kept under regular review.

### **Maladjusted:**

Residential Special School	..	..	..	10	(9)
Awaiting Residential Placement	..	..	..	1	(9)
Boarding Hostels (attending ordinary school)	..	..	..	12	(3)
Day Special School	..	..	..	16	(17)
Ordinary School	..	..	..	16	(28)

This group, though relatively small in number compared with others, causes some difficulty. Places in Residential Schools are difficult to obtain, and often a child has to be placed at a school a considerable distance from home. This is not good because visiting is not easy for parents and the school social worker can not work readily with the parents. Our own social workers are allocated to each pupil in Residential School and maintain excellent contact with school and home.

We are most grateful for the excellent help given to us by the Consultant Child Psychiatrists. Dr. Arkle admits certain disturbed children and adolescents to the Children's Unit, Harper Villa, and the Adolescent Unit, Rendall Villa, both at St. Ann's Hospital. Both of these have teaching facilities. She also supervises the Orston House Hostel for maladjusted boys, which is fully in use. From the hostel the boys go either to ordinary schools, or as day pupils to the St. Ann's Hospital Schools. Dr. Ratcliffe supervises the Grove Hostel, Newark, where we are able to place maladjusted girls in need of hostel placement.

### **Speech Defects:**

Residential School	..	..	..	..	1	(-)
Day Special School	..	..	..	..	1	(-)
Ordinary School	..	..	..	..	3	(4)
Awaiting Residential School Placement	..	..	..	..	1*	(-)

\* Included in Day Special School.

The number of children requiring special educational treatment solely because of a speech disorder is always small.

Totals for children in residential schools since 1965 are as follows:-

	1965	1966	1967	1968	1969	1970	1971	1972
Blind .. .. .	5	3	5	5	4	5	5	4
Partially Sighted .. .. .	3	4	5	5	5	5	7	9
Deaf .. .. .	2	2	2	2	2	2	1	2
Partially Hearing .. .. .	3	2	1	2	2	1	—	—
Physically Handicapped .. .. .	11	8	9	8	9	8	8	7
Delicate .. .. .	10	9	12	7	9	7	6	5
E.S.N. .. .. .	2	3	2	7	14	14	10	14
Epileptic .. .. .	7	5	4	4	4	4	5	7
Maladjusted .. .. .	4	5	7	9	8	11	9	10
Speech .. .. .	—	—	—	—	—	—	—	1
	47	41	47	49	57	57	51	59

## SPECIAL SCHOOLS AND UNITS

### Carrington:

Number on Roll (Educationally sub-normal) .. .. . 66

This small special school was opened in November, 1971 to provide a temporary increase in Educationally sub-normal places, pending the opening of the new secondary school. It is meeting a real need very well indeed.

### Hardwick:

Number on Roll (Educationally sub-normal) .. 147 (149)

The reception class continues to be a most useful class in to which to move young educationally sub-normal children, after an assessment period at the Beechdale Diagnostic Unit.

### Nethergate:

Number on Roll (Educationally Sub-normal).. 107 (100)

It continues to provide places over the whole age range, junior and senior for Clifton, Wilford and parts of the Meadows area.

### Rosehill:

Number on Roll in Open Air Department .. 12 (11)  
Number on Roll in E.S.N. Department .. 150 (153)

This is the only E.S.N. Special School which has not yet been replaced with new buildings but plans are likely to be in hand for this shortly. However, the new classrooms acquired from the Blue Bell Hill School have added 4 bright modern rooms much enjoyed by staff and pupils.

The small unit for physically handicapped there, will be absorbed in to the new Arboretum School when it opens.

## Westbury:

No. on Roll (Educationally sub-normal) .. 100 (101)

At present this is a secondary school to which the secondary age E.S.N. girls from the junior special schools transfer at 11.

## Beechdale:

Number on Roll: Maladjusted Department .. 19 (20)  
Diagnostic Unit .. .. 15 (11)

### (a) The Maladjusted Department:

Figures of admissions and discharges for 1972:

Admissions .. .. 11  
Discharges .. .. 12

### Breakdown of Discharges:

Aston Hall Hospital	..	..	..	..	..	1
Balderton Hospital	..	..	..	..	..	1
Harper Villa, St. Ann's Hospital	..	..	..	..	..	1
Secondary School..	..	..	..	..	..	4
Junior School ..	..	..	..	..	..	1
Approved School	..	..	..	..	..	1
School for E.S.N. (S)	..	..	..	..	..	1
Special School for Speech Disorders	..	..	..	..	..	1
Left City .. ..	..	..	..	..	..	1

This unit is another part of our provision for dealing with maladjusted boys, and meets a very real need. Many Junior School Head teachers are grateful to have been able to transfer some particularly difficult boys there. Some of the most difficult boys in the city have been coped with. It is a great tribute that one boy who could not be managed even in an Approved School settled in Beechdale.

We now have a problem in that it is a junior unit, but there are some pupils now of early secondary age who can not be transferred to secondary school because they would not fit in.

There are also some secondary boys presenting problems who could be managed in a secondary unit such as this. The Authority is looking into this problem, and also at the possible need for similar provision for girls.

Mr. Robson, the present Head teacher has given me a few notes on the Maladjusted Department for inclusion here:-

"The Maladjusted Unit at this school at present comprises only two classes which have taken, in the past, up to a maximum of ten children in each class. By the nature of existing provision for Maladjusted Pupils in the City of Nottingham, we tend to have, on our roll, the most severely disturbed children of primary age in the whole of the City, drawn from the widest possible catchment area. They are generally placed at Beechdale only after the most strenuous efforts to contain them and cater for their needs in the normal primary setting have been made. The majority of our intake have either been excluded from school or have been close to such a step being taken.



Although designated as a primary age Maladjusted Unit, the lack of provision at secondary stage means that we inevitably retain some children, who present the most intractable problems, after the usual stage of Secondary transfer. This means that in addition to the diversity posed by the wide catchment, we have to cater, in two classes, for ages ranging from second year infant to second year secondary stage. As one would expect, we also have a wide diversity in ability and attainment levels—from Educationally sub-normal to the potentially superior in intelligence. About half of the boys are non-readers and most are under-achievers so that behavioural problems are compounded by lack of success in school.

Finally, and probably least satisfactory of all of the constraints imposed by the present limits on provision of places is the fact that we must attempt to provide a satisfactory educational environment for a variety of types and of stages of maladjustment in only **two** class groups. Thus socially deviant, potentially delinquent, emotionally neglected and disturbed, hostile, aggressive, neurotic timid and withdrawn children must frequently spend their days in close and intimate contact. The possibility of flexible provision which can endeavour to take account of the varied causes and manifestations of disturbed behaviour, the stages reached in adjustment and the potential for future placement in ordinary schools, is severely restricted.

To be genuinely viable in terms of our assumed aims of promoting levels of social, emotional and educational adjustment acceptable to the requirements of the normal school situation, for the majority of our pupils, and to make adequate provision for those children whose problems are so severe as to preclude return to “normal” school in the short term, it is considered that the Maladjusted Unit needs at least four classes. Each of these classes would have separate aims linked within a basic one of promoting realistic goals towards healthy personal adjustment.”

#### (b) The Diagnostic Department:

Admissions in 1972 .. ..	12
Discharges in 1972 .. ..	8

#### Breakdown of Discharges:

Special School for E.S.N. (M) .. .. .	5
Special School for E.S.N. (S) .. .. .	1
Day School for Autistics .. .. .	1
Died following road accident .. .. .	1

This unit is proving most useful in providing assessment for 4-5 year old children about whose correct educational placement we are not sure. They are in a small setting, with maximum stimulation, and observation by teachers, educational psychologist, speech therapist, nurse and medical officer. We are able to make a more sure recommendation about placement after a period in the unit. The period varied from seven to twelve months.

#### Arboretum:

Number on Roll (Physically Handicapped and Delicate) .. .. .	51	(54)
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We are looking forward eagerly to the new school which at the time of writing is actually being built. The staff at the school have done a wonderful job, in buildings which have been adapted over the years to meet the changing needs.

## **Ewing and William Sharp Unit:**

### **Ewing :**

Number of City children on Roll	.. ..	39	(45)
Number of other Authorities' children on Roll		46	(55)

### **Wm. Sharp Unit :**

Number of City children on Roll	.. ..	15
Number of other Authorities' Children on Roll		14

In September the secondary age deaf and partially hearing pupils from the Ewing, transferred to the Unit for Hearing Impaired pupils, specially built at the William Sharp Secondary School. I have asked Mr. French, Headteacher of the Ewing School, and Mr. Heywood, Head teacher of the William Sharp School for their observations on this move. I realise that the length of time the unit has been in operation is short, but nonetheless, I feel that their observations are of great interest.

### **Contribution from Mr. French:-**

"The transfer of the children of senior age from the Ewing School to the William Sharp School has been of mutual benefit. From the point of view of those children who have been left in the Ewing School, there has been a considerable advantage to them in that the teaching staff have been able to concentrate on suitable primary methods and create an exclusively primary atmosphere.

One would expect to find more mature behaviour from the older children at the William Sharp, but there has been a corresponding increase in responsible behaviour amongst the older primary children. They now feel that they are the leaders and on the whole have responded very sensibly.

The problem of trying to develop maturity in handicapped children is an important one which exercises the minds and skills of many teachers, consequently one can only regard this separation of provision for hearing impaired children as a step forward in educational progress."

### **Contribution from Mr. Heywood:-**

"The Unit for Hearing Impaired Children was fully operational from September, 1972. As pupils in the full range from partially hearing to profoundly deaf joined the unit, this was an unique experiment. It is much too early to make positive comments about the degree of success we have achieved and clearly we are still learning. It can be said, however, that the integration process has made a very encouraging start, and we feel that not only have the deaf children profited by mixing to a greater degree with normal children, but also that the normally hearing children have gained a valuable insight into handicaps in general. Both staff and children in the main school and in the unit have, by their interest, helped to achieve this. We have been especially pleased that some of the older deaf children have regularly come to our Youth Club, and I personally am convinced that it is this sort of mixing which will be of the greatest benefit to them when they leave school."

## **Shepherd:**

Number on Roll (Severely Sub-normal)	..	191	(193)
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This fine building and excellent staff have now been part of the Education Committee's responsibility since April, 1971. The education and training given to the children is most impressive in every aspect, and especially in the musical field. The standard of musical performances given by the pupils is equal to that in many schools with more able pupils, and is a great tribute to the musical and teaching ability of the staff, and to their enthusiasm and patience.

As mentioned previously, plans are well in hand for the additional special care unit which will eventually accommodate up to 20 severely mentally and physically handicapped children. It is hoped it will be completed by September, 1973.

**Orston House Hostel for Maladjusted Boys:**

	<i>City Boys</i>		<i>Notts. County Council Boys</i>	
At the beginning of 1972 in residence ..	2	(1)	3	(6)
Admitted during 1972 .. ..	8	(2)	4	(1)
Discharged during 1972 .. ..	4	(1)	3	(4)
At the end of 1972, in residence ..	6	(2)	4	(3)

The hostel is another part of the provision for maladjusted boys. With close liaison with Dr. Arkle at Harper Villa, there can be flexibility over school. The boys live in the hostel and mainly go to ordinary school, but if they present problems there, they can go from the hostel as day pupils to Harper or Rendall Villa school units at St. Ann's Hospital.

The boys benefit greatly from the happy but well ordered and sensibly disciplined home background given them by Mr. and Mrs. Columbine and their staff. So often this has been lacking in their own homes and is part of their problem. That the boys appreciate the help they are given, is shown by the way that many of them maintain contact with Mr. & Mrs. Columbine long after leaving.

Mr. Columbine has given me a few notes on the year.

"During the year 12 boys were admitted to Hostel, their ages being between 6 and 12 years. About half were enuretic and/or encopretic on admission and all had emotional or behaviour problems of some degree of severity. Each admission means, of course, that a place needs to be found in one of the Infant, Junior or Secondary Schools in this locality, and I am very appreciative of the co-operation we receive from the Head Teachers and Staff. Far from shunning what may well turn out to be yet another addition to their already formidable number of problems, they invariably make the newcomer welcome in their School and take a special interest in the progress that many, if not all, subsequently make. Of the few about whose future we are a little doubtful when they leave us, it is encouraging to find later that some at least have settled down reasonably well."



## HOSPITAL SCHOOLS

### Psychiatric Group:

I have already mentioned the great help we are given by the Harper Villa Children's Unit and Rendall Villa Adolescent Unit at St. Ann's Hospital, with their associated school. There is provision for both in-patients and day patients who attend the school. There are three infant and junior classes, and one for adolescents with roughly 25 in-patients and 20 day patients.

### Non-Psychiatric Group:

City Hospital and Children's Hospital:

Miss Butler and her staff give excellent educational help to children in both hospitals during their stay there. They maintain close links with the schools, and so the children return to their schools to find that they can keep up with their fellow pupils.

## CLINICS

### Ophthalmic Clinic:

Repeated screening for poor visual acuity is carried out in schools, and arrangements for the children's referral to Consultants of the Regional Hospital Board are made if necessary.

	1967	1968	1969	1970	1971	1972
No. of pupils on rolls on 31st December .. ..	52,311	53,245	53,794	54,397	55,332	55,514
Pupils refracted .. ..	4,241	3,601	3,533	3,390	3,320	3,557
Percentage .. ..	8.0	6.7	6.5	6.2	6.0	6.4
Spectacles prescribed (pupils)	1,406	1,466	1,481	1,397	1,427	1,501
Percentage of pupils on rolls	2.7	2.7	2.7	2.5	2.5	2.7

### Orthoptic Treatment at the Nottingham Eye Hospital:

	1967	1968	1969	1970	1971	1972
New cases treated .. ..	75	126	100	114	86	95
Total treated .. ..	110	202	217	207	185	162
Awaiting test or treatment at end of year .. ..	5	7	9	11	10	18

### Operations for Squint at the Nottingham Eye Hospital:

	1967	1968	1969	1970	1971	1972
Number of operations ..	42	49	49	67	25	61
On waiting list at end of year	34	28	31	30	18	16

### Colour Vision:

<i>Children found with defective colour vision during 1972</i>						
	<i>Boys</i>		<i>Girls</i>		<i>Total</i>	
Secondary Bilateral Schools (Leaver) ..	8	(2)	—	(—)	8	(2)
Grammar Schools (Leaver) .. ..	1	(9)	—	(—)	1	(9)
Junior Schools .. ..	95	(13)	2	(—)	97	(13)
TOTALS .. ..	104	(24)	2	(—)	106	(24)

## Ear, Nose and Throat Clinics:

Figures for attendance, etc. at these clinics are as follows:-

Total number of children seen	..	..	474	(434)
New cases	..	..	404	(368)
Total attendances	..	..	563	(565)
Number of sessions held	..	..	60	(61)
Number of children referred for operation	..	..	224	(208)
Number referred for cautery	..	..	2	(6)
Number referred for other forms of treatment	..	..	29	(32)

## Ewing School Hearing Assessment Clinic:

Number of children seen	..	..	29	(26)
Number of sessions	..	..	9	(8)

## Audiometry Clinic:

Number of sessions	..	..	25	(24)
Total number of attendances	..	..	259	(269)
Number of children tested for the first time	..	..	201	(203)

## Sweep Audiometry in Schools:

Our findings as a result of the sweep tests of five and six year old children in school are:-

Number tested	..	..	3,330	(4,644)
Number found satisfactory 1st test	..	..	3,049	(4,242)
Number failed 1st test	..	..	281	(402)
Number failed 2nd test and subsequently seen by Medical Officers	..	..	46	(41)
Number found to be satisfactory	..	..	15	(16)
Number referred to E.N.T. Consultants	..	..	11	(8)
Number referred to the Authority's Audiometrician	..	..	20	(17)

Audiometric screening tests are carried out by Nurses in School. Those children who are confirmed as failing this test, are seen by a Medical Officer who may then request a full audiogram to be done by the Authority's part-time Audiometrician at the Central Clinic, and/or referred to Mr. Hogarth or Mr. Neil, the Consultants who attend to hold E.N.T. Clinics at Chaucer Street. The Ewing Assessment Clinic is used chiefly for very young children who have failed the Health Department's screening tests, or for children with a hearing loss who are thought to require admission to the Ewing School.

## Orthopaedic Screening:

When we began selective examinations at the leaver stage, it was realised that certain pupils with spinal or limb deformities might be missed, and so we arranged to screen all those pupils who were not selected for a full medical examination. They are seen by the school medical officer, school nurse and the P.E. teacher usually in the school gymnasium. Any pupils with a mild postural defect amenable to simple postural exercises are passed to the P.E. teacher. Those with a more severe condition are sent an appointment for full examination at a school clinic, and if necessary, referred to an Orthopaedic Consultant, after consent has been obtained from the General Practitioner in the usual way.

I am very grateful for the willing co-operation we receive from the P.E. teachers in doing these examinations.



The following are the figures for 1972:-

No. of children screened .. .. .	1,372
No. of children to have postural exercises from P.E. teacher .. .	109
No. of children having full examination .. .	27
No. having full examination—referred to orthopaedic specialist .. .	5

### Paediatric Clinic:

	<i>Number of Cases</i>	<i>Number of Attendances</i>
Heart conditions .. .. .	47 (56)	56 (68)
Undescended testicles .. .. .	1 (2)	1 (2)
Obesity, development, epilepsy, asthma, urinary investigations, muscular dystrophy, etc. .. .. .	76 (82)	142 (144)

I mentioned earlier that we are very glad that this excellent service is being continued for us by Dr. Milner, Consultant Paediatrician. He holds the clinic fortnightly in the central school clinic. Dr. Milner has come from Gt. Ormond Street, and is interested in the amount of pathology we find for him among the city school children.

### Child Psychiatric Clinic (Child Guidance):

#### Examinations (New Cases):

Number of children seen by Psychiatrists .. .. .	116	(163)
Number of children seen by Physician .. .. .	52	(61)
Number of children seen by Educational Psychologists .. .. .	180	(176)
Number of parents seen by Social Workers .. .. .	268	(206)

#### Re-examinations:

Number of children seen by Psychiatrists (excluding treatment interviews) .. .. .	148	(205)
Number of children seen by Physician .. .. .	10	(2)
Number of children seen by Educational Psychologists .. .. .	59	(24)
Number of parents seen by Social Workers (for review) .. .. .	25	(16)

#### Attendances and Visits:

Children's attendances for treatment .. .. .	168	(239)
Interviews with parents .. .. .	839	(770)
Interviews with others .. .. .	112	(163)
Home Visits by Social Workers .. .. .	379	(136)
Hostel Visits by Social Workers .. .. .	36	(22)
Home Visits by Social Workers (Special School Children) .. .. .	118	(19)
Special School Visits by Social Workers .. .. .	46	(-)
Escort duties by Social Workers .. .. .	40	(-)

#### Children treated during the year:

By Psychiatrists .. .. .	56	(75)
In Boarding Homes .. .. .	10	(3)

These clinics are conducted by Child Psychiatrists seconded by the Regional Hospital Board. After Dr. Pillai left in March, Dr. Arkle and Dr. Ratcliffe have kept the service going, carrying a heavy case load. I have personally been most grateful to them for their constant willingness to discuss and advise me on many problems which arise.

## **Educational Assessment (Schools' Psychological Service):**

Number of children seen by Educational Psychologists (excluding Child Guidance cases) .. .. .	934	(982)
Re-examinations .. .. .	348	(288)
School Visits by Educational Psychologists .. .. .	509	(458)
Interviews with parents by Educational Psychologists ..	385	(354)
Interviews with others by Educational Psychologists ..	61	(50)
Number of children treated .. .. .	38	(46)
Number of attendances for treatment .. .. .	819	(521)

Mr. Grover and his staff are continuing with their Infant School Surveys. It is very much hoped that as a result of these, the late ascertainment of educationally sub-normal children will in the future be very rare.

## **Remedial Teaching:**

Children's attendances for treatment by Remedial Teachers and Educational Psychologists .. .. .	8,076	(10,352)
Number of interviews with parents by Remedial Teachers ..	200	(66)
Number of children received remedial teaching during 1972 ..	257	(289)

## **Educationally Sub-Normal Assessment Clinic:**

Number of children ascertained during 1972 as needing special educational treatment in Day E.S.N. Special Schools ..	120	(104)
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These clinics are conducted by doctors who have had some special training for the purpose.

## **Dyslexia (Reading Difficulty) Clinic:**

The Psychologists and Medical Staff see children who are clearly not educationally sub-normal, yet who have considerable learning difficulty. These children, who are referred by head teachers, are seen throughout the year.

## **General Duty Clinic:**

Teachers examined .. .. .	53	(90)
College of Education Candidates examined ..	289	(297)
Nursery Nurses examined .. .. .	59	(47)
Others examined .. .. .	3	(5)

These clinics are conducted by medical staff after school hours. The bulk of the work consists of examining candidates for Colleges of Education, and teachers entering the service for the first time. School children who are taking up part-time employment (usually paper rounds) are also seen.

## **Minor Ailments Clinic:**

These clinics are for the most part staffed by nurses, although a school doctor generally attends once a week. The relevant figures are listed in Appendix 'C'.

## Enuretic Clinic:

Number of children who attended for pad and bell treatment	119	(134)
Number of children whose treatment was considered to have been successful .. .. .	25	(33)
Number of children whose treatment was considered to have been partly successful .. .. .	17	(40)
Number of children whose treatment was not considered successful .. .. .	31	(30)
Number of children under treatment on 31.12.72 .. .. .	21	(33)
Number unco-operative .. .. .	25	(-)

Bed wetting continues to be a problem for many schoolchildren. Our clinic tends to be looked on as a "Pad and Bell clinic", but this, of course, is totally wrong. Much more is involved, for, when to merely give advice and support, when to use conditioning apparatus, when to use an anti-depressant drug and when to refer a child to a psychiatrist or paediatrician, requires good clinical judgement.

## Speech Therapy:

The following is a summary of the work carried out during 1972.

Children treated by Regular Therapy .. .. .	382	(380)		
Children treated by Clinic Supervision .. .. .	908	(635)		
Children supervised in schools .. .. .	1,665	(1,534)		
			2,955	(2,549)
Children discharged .. .. .			829*	(782)*
Sessions held in Clinics .. .. .			1,093	(1,110)
Sessions held in Special Schools .. .. .			320	(237)
School visits .. .. .			177	(119)
Treatment given in Clinics .. .. .	4,496	(4,651)		
Treatments given in Special Schools .. .. .	1,619	(1,261)		
			6,115	(5,912)
Children referred by Head Teachers .. .. .	848	(476)		
Children referred by School Medical Officers .. .. .	118	(106)		
Children referred from other sources .. .. .	249	(154)		
			1,215	(736)

\* Analysis of the 829 children discharged :

Derived maximum benefit .. .. .	139	(127)
Some improvement .. .. .	231	(256)
Discharged-speech normal .. .. .	337	(328)
No improvement .. .. .	122	(71)

Patients treated in Clinics and Schools :

Stammerers .. .. .	287	(264)
Other defects of known organic origin .. .. .	342	(296)
Other defects of no known organic origin .. .. .	2,326	(1,989)

An important extension to this work has been the pre-school play group for language retarded children. Many of those children attending have made great progress in their speech, which will be of educational advantage to them on entering school.

Miss Drury has given me some comments and figures on the group:-

"The Language Development Play Group at Melrose House has continued to enable long-term assessment of language retarded children to be carried out, and during 1972 twenty-two children attended. Having been assessed, the children are transferred to their local clinics for speech therapy, or, during the early part of the year, to a weekly individual language therapy session, run jointly by an Educational Psychologist and the Senior Speech Therapist. The trend for therapy groups run jointly by a Speech Therapist and an Educational Psychologist, while valuable parent counselling is being done by a Social Worker, has continued, with the setting up of a Therapy Group for older children at Player Clinic. The success of these groups demonstrates the value of the combined approach."

## SCHOOL NURSES :

The following is a summary of the work of the school nurses during 1972:-

### Number of School Visits :

Routine medical inspections .. .. .	1,707	(1,753)
Case conferences .. .. .	134	(86)
Uncleanliness .. .. .	-	(7)
General .. .. .	1,401	(1,708)

### Number of Home Visits :

Uncleanliness .. .. .	983	(1,394)
Deafness and nasal obstruction .. .. .	53	(70)
Defective vision .. .. .	988	(845)
Medical inspection—follow up .. .. .	429	(228)
Skin diseases .. .. .	81	(112)
Ear diseases .. .. .	43	(51)
General .. .. .	1,228	(1,553)
General—evening visits .. .. .	-	(7)
Enuresis Visits .. .. .	158	(144)
Ineffective visits .. .. .	989	(1,080)
Escort duty to and from Residential Schools .. .. .	15	(13)
Clinic Sessions .. .. .	*3,122	*(3,024)
Refraction Clinic sessions .. .. .	356	(328)
School Nurses on refresher course .. .. .	20	(48)

\* Included in this figure are 365 Spectacle Repair sessions carried out at Chaucer Street, Clifton, Bestwood and Player Clinics.

The figures in the summary of work of the school nurses do not show very easily the tremendous job our nurses do in every direction. I consider them an important mainstay of the service. Among other duties, they prepare the children for medical inspection and attend at medicals. They are each responsible for a group of schools and maintain close, frequent contact with the schools, giving advice on many problems. Some are in charge of our minor ailments clinics as well as their other duties.

It is the nurses who carry the teaching of hygiene and child care in to the homes where it is most needed, during their frequent home visits. Those most in need of this help do not attend clinics, medical inspections, parent-teacher association talks etc. The nurses are the service's first contact with the family with a handicapped child and this is a most important aspect of the work.

## CLEANLINESS :

We have six nurses' assistants whose whole working time is devoted to examining and treating children with infested heads. A great deal of work in this direction is also done by our nurses in the clinics.

Miss Holmes, Superintendent School Nurse, has given me some notes on this problem:-

### “Head Infestation:

Head Infestation in school children continues to be a problem. Methods of treatment are under continuous review and we have participated in two clinical trials of new preparations during the last two years.

Factors contributing to this level of infestation would seem to be (a) the lack of knowledge on the part of some parents that pediculosis capitis still exists and the resulting failure to examine and treat their children's hair (b) the problem of those families who are always found to be infested and will not co-operate in effectively treating and cleaning the whole family. This is disappointing when the facilities are available in Minor Ailments Clinics for expert advice to be given and help in treating the condition when necessary.



Although the number of children found to be infested does not alter dramatically, the general opinion of the nursing staff is that the incidence of impetigo of the scalp as a result of gross infestation is not so prevalent since the introduction of Prioderm lotion. This is some consolation when one is familiar with all the discomfort which the child has to tolerate with this debilitating condition.

The policy of exclusion from school for three days, in the first instance, of all children who are found to have live lice will make parents realise that head infestation is not acceptable in this day and age. It is necessary to establish this pattern immediately the child commences nursery class or school, thus resulting in practical Health Education."

Compared with previous years the numbers are as follows:-

	1932	1942	1952	1955	1960
On School Rolls .. .. .	42,183	37,086	47,766	50,975	51,691
Examinations .. .. .	72,198	98,438	183,885	185,525	165,719
Number found unclean .. ..	3,148	2,905	4,073	6,403	4,424
Percentage of the number on rolls ..	7.5	7.8	8.5	12.5	8.5
Statutory notices to parents .. ..	—	—	47	41	78
Children cleansed .. .. .	34	38	39	34	61

  

	1968	1969	1970	1971	1972
On School Rolls .. .. .	53,245	53,794	54,397	55,332	55,514
Examinations .. .. .	108,481	101,487	95,031	97,821	94,666
Number found unclean .. ..	3,859	4,765	5,664	6,540	5,354
Percentage of the number on rolls ..	7.2	8.8	10.4	11.8	9.6
Statutory notices to parents .. ..	34	20	31	6	—
Children cleansed .. .. .	26	16	30	6	—

The core of this problem lies in a few unco-operative families where there is doubtless heavy infestation in pre-school children or in adult members of the family, as no matter how often the school children are cleansed the children come back re-infested within a few weeks. I am grateful that the bulk of parents readily co-operate with the nurses in the treatment of their children.

## INFECTIOUS DISEASES :

The figures for infectious diseases are as follows:-

	1967	1968	1969	1970	1971	1972
Chicken Pox .. .. .	2,226	889	1,499	835	642	992
Measles .. .. .	1,601	713	289	1,428	271	664
German Measles .. .. .	915	1,257	601	559	777	221
Mumps .. .. .	451	618	1,740	704	211	726
Scarlet Fever .. .. .	253	127	113	97	84	163
Whooping Cough .. .. .	130	135	58	174	92	12
Jaundice .. .. .	150	12	69	86	144	36
Glandular Fever .. .. .	—	—	13	20	19	16
Hookworm .. .. .	33	24	13	23	8	3
Whipworm .. .. .	23	13	7	10	4	2
Ringworm (Scalp and Body)	—	7	2	5	28	24
Verrucae .. .. .	—	—	—	—	—	1,324

## IMMUNISATION AND VACCINATION :

I am grateful to Dr. Parry, Medical Officer of Health, who has kindly supplied the following figures in relation to school children:-

### Poliomyelitis Vaccination:

Year	Number of Children	Estimated Population Ages 5 to 15 years	Percentage
1969 .. .. .	48,159	53,700	89.7
1970 .. .. .	49,032	54,250	90.4
1971 .. .. .	49,625	54,850	90.5
1972 .. .. .	49,576	56,000	88.5



**Diphtheria Immunisation :**

<i>Year</i>	<i>Number of Children</i>	<i>Estimated Population Ages 5 to 15 years</i>	<i>Percentage</i>
1969 .. ..	47,207	53,700	87·9
1970 .. ..	48,017	54,250	88·5
1971 .. ..	49,176	54,850	89·6
1972 .. ..	52,356	56,000	93·4

**Rubella Vaccination for Girls:**

	1970	1971	1972
Number vaccinated ..	1,415	4,136	1,975

**B.C.G. Vaccination:**

	1967	1968	1969	1970	1971	1972
Maintained Schools visited ..	42	37	38	40	36	38
Number of 13-year-olds ..	5,765	4,699	4,466	4,642	4,708	5,051
Number of acceptances ..	3,566	3,470	3,300	3,589	3,526	3,813
Number of refusals .. ..	1,085	1,090	939	765	969	1,006
Number of others .. ..	114	139	227	288	213	165
Number tested .. ..	3,624	3,540	3,459	3,659	3,691	4,147
Negative reactors vaccinated	2,090	2,893	2,859	2,954	2,908	3,231
Positive reactors .. ..	1,205	270	177	138	319	477

At this point I should like to pay tribute to Dr. Beynon and his staff at the Chest Radiography Centre and the staff at Forest Dene for their great helpfulness in arranging Chest X-Rays for candidates for Colleges of Education whom we examine. I am also very grateful for their work in relation to school children and for the way in which they keep us fully informed.

**NOTTINGHAM CHILDREN'S HOME, SKEGNESS :**

221 (289) boys and 251 (290) girls spent a holiday at this Home during the year.

During the year extra dormitory accommodation was added to the home to enable boys and girls to be sent at the same time. Parties of 28 boys, and 28 girls go. By close co-operation between the Headteachers, Education Welfare Officers and School Nurses who know the families well, we try to ensure that the most needy children get a holiday. They gain great benefit from the sea breezes and the pleasant, well ordered life in the home. Every opportunity is used to widen the children's experiences and education in a very different setting from the City. Mr. & Mrs. Nichol have taken several quite difficult children and handled them well, and to the children's benefit. We are always grateful for their helpful reports on how certain children have adjusted to their setting.

There must be many children who look back on their holidays at Skegness as a highlight of their school lives.

**CONVALESCENCE :**

Boys who attended Bosworth Park Infirmary .. ..	25
Girls who attended Bosworth Park Infirmary .. ..	25

I should like to express my appreciation of the help given to us by Bosworth Park Infirmary in providing convalescence for children who are too handicapped mentally or physically to be able to go to Skegness.

The children gain tremendous benefit from their stay in the kindly and efficient care of Miss Mole, the Matron, and her staff.

I feel that the greatest benefit from a holiday for a handicapped child is to the normal brothers and sisters, who, often for the first time, can enjoy a period of normal family life with their parents. I am always afraid that the needs of normal children may be forgotten in the great strain that is put on the family in looking after a badly handicapped child, and the concentration on him or her.

## DEATHS IN CHILDREN OF SCHOOL AGE :

During the year 19 (9) deaths of school children were recorded for the following reasons:-

Bronchopneumonia .. .. .	2
Cerebral Contusions/fractured skull .. .. .	1
Cerebral Palsy/Chest Infection .. .. .	1
Chronic Renal Infection .. .. .	1
Degenerative Brain Disease .. .. .	1
Drowning (Accidental) .. .. .	1
Hepatic Failure .. .. .	1
Isoprenalin poisoning .. .. .	1
Lymphoblastic Leukaemia .. .. .	2
Meningitis .. .. .	1
Pneumococcal Septicaemia .. .. .	1
Road Accident .. .. .	4
Severe head injury .. .. .	1
Subarachnoid haemorrhage .. .. .	1

## CONCLUSION :

I should like to express my sincere thanks to the Chairman, Vice-Chairman and members of the Special Services Sub-Committee for their help and sympathetic encouragement throughout the year. My grateful thanks go to Mr. Jackson, the Director of Education, and his successor, Mr. Sowell, and their staff, Head teachers and teachers for their willing co-operation at all times.

I must pay tribute too to the Hospital Consultants who give so generously and willingly of their time and skill for the benefit of the children, and to the City's General Practitioners who are most co-operative with us.

Last, but by no means least, I wish to thank all the staff of my own department for their co-operation, loyalty and support throughout the year.

I am, Ladies and Gentlemen,  
Your obedient Servant,

E. J. MORE,  
*Principal School Medical Officer.*

## APPENDIX "A"

Dental Inspection and Treatment carried out by the Authority during the year ended  
31st December, 1972.

### Attendances and Treatment

	Ages 5 to 9			Ages 10 to 14			Ages 15 and over			Total		
First Visit	..	..	..	..	..	..	..	..	..	..	..	..
Subsequent Visits	..	..	..	..	..	..	..	..	..	..	..	..
Total Visits	6,398	(5,856)	4,462	(4,353)	874	(697)	11,734	(10,906)	23,815	(21,782)	35,549	(32,688)
Additional courses of treatment commenced	11,742	(9,999)	10,185	(10,009)	1,888	(1,774)	23,815	(21,782)	35,549	(32,688)	467	(395)
Fillings in permanent teeth	18,140	(15,855)	14,647	(14,362)	2,762	(2,471)	20,356	(19,892)	7,564	(5,757)	17,604	(17,152)
Fillings in deciduous teeth	228	(151)	210	(206)	29	(38)	20,356	(19,892)	7,564	(5,757)	17,604	(17,152)
Permanent teeth filled	7,251	(7,144)	10,877	(10,698)	2,228	(2,050)	20,356	(19,892)	7,564	(5,757)	17,604	(17,152)
Deciduous teeth filled	7,183	(5,380)	381	(377)	—	—	7,564	(5,757)	17,604	(17,152)	6,780	(5,133)
Permanent teeth extracted	6,175	(5,900)	9,427	(9,368)	2,002	(1,884)	3,092	(2,916)	9,402	(9,262)	5,288	(5,194)
Deciduous teeth extracted	6,445	(4,809)	335	(324)	—	—	3,092	(2,916)	9,402	(9,262)	5,288	(5,194)
General anaesthetics	688	(534)	1,972	(1,981)	432	(401)	3,519	(3,674)	5,288	(5,194)	3,519	(3,674)
Emergencies	7,216	(7,185)	2,186	(2,077)	—	—	5,288	(5,194)	3,519	(3,674)	3,519	(3,674)
	3,316	(3,271)	1,767	(1,752)	205	(171)	5,288	(5,194)	3,519	(3,674)	3,519	(3,674)
	2,176	(2,273)	1,202	(1,251)	141	(150)	3,519	(3,674)	3,519	(3,674)	3,519	(3,674)

Number of Pupils X-rayed	..	..	..	..	687	(614)
Prophylaxis	..	..	..	..	4,095	(3,919)
Teeth otherwise conserved	..	..	..	..	358	(148)
Number of teeth root filled	..	..	..	..	49	(44)
Inlays	..	..	..	..	2	(1)
Crowns	..	..	..	..	48	(45)
Courses of treatment completed	..	..	..	..	8,342	(7,777)

(1971 statistics in brackets).

## Orthodontics

New cases commencing during year	..	..	..	121	(138)
Cases completed during year..	..	..	..	74	(75)
Cases discontinued during year	..	..	..	13	(11)
Number of removable appliances fitted	..	..	..	208	(207)
Number of fixed appliances fitted	..	..	..	3	(2)
Pupils referred to Hospital Consultant	..	..	..	30	(15)

## Prosthetics

	5 to 9		10 to 14		15 & over		Total	
Pupils supplied with full dentures (first time)	..	..	..	..	..	..	..	..
Pupils supplied with other dentures (first time)	..	..	..	..	..	..	..	..
Number of dentures supplied	..	..	..	..	..	..	..	..

## Anaesthetics

General anaesthetics administered by Dental Officers	..	950	(1,133)
--	----	-----	---------

## Inspections

(a) First inspection at school. Number of Pupils	..	..	18,112	(13,479)
(b) First Inspection at clinic. Number of Pupils	..	..	7,402	(7,120)
Number of (a)+(b) found to require treatment	..	..	18,505	(16,191)
Number of (a)+(b) offered treatment	..	..	17,844	(14,785)
(c) Pupils re-inspected at school or clinic	..	..	1,493	(1,203)
Number of (c) found to require treatment	..	..	1,222	(947)

## Sessions

Sessions devoted to treatment	..	..	..	..	4,783	(4,425)
Sessions devoted to inspection	..	..	..	..	82	(61)
Sessions devoted to Dental Health Education	..	..	..	..	107	(105)

(1971 statistics in brackets).



**APPENDIX "B"**  
**MEDICAL INSPECTION AND TREATMENT RETURN**  
Year ended 31st December, 1972  
**Part 1—Medical Inspection and Pupils attending Maintained**  
**Primary and Secondary Schools**  
**(including Nursery and Special Schools)**  
**TABLE A—PERIODIC MEDICAL INSPECTIONS**

<i>Age Groups Inspected (By Year of Birth)</i>	<i>Numbers of Pupils Inspected</i>	<i>Physical condition of pupils inspected</i>		<i>No. of Pupils found not to warrant a medical inspection</i>	<i>Pupils found to require treatment (excluding Dental Diseases and Infestation with Vermin)</i>		
		<i>Satisfactory</i>	<i>Unsatisfactory</i>		<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Part II</i>	<i>Total individual pupils</i>
		<i>No.</i>	<i>No.</i>				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1968 and later	744	744	—	—	29	99	125
1967 ..	1,809	1,809	—	—	52	235	269
1966 ..	1,751	1,751	—	—	64	255	307
1965 ..	765	765	—	—	34	145	169
1964 ..	972	972	—	852	44	206	243
1963 ..	936	936	—	366	39	194	228
1962 ..	529	529	—	—	21	126	145
1961 ..	1,298	1,298	—	1,984	61	297	350
1960 ..	651	650	1	997	35	153	177
1959 ..	195	195	—	—	8	34	40
1958 ..	315	315	—	131	10	46	52
1957 and earlier ..	993	993	—	1,590	23	116	134
<b>Total ..</b>	<b>10,958</b>	<b>10,957</b>	<b>1</b>	<b>5,920</b>	<b>420</b>	<b>1,906</b>	<b>2,239</b>

## Part II—Defects found by Medical Inspection during year

Defect Code No. (1)	Defect or Disease (2)	(3)	Periodic Inspections				Special Inspections (8)
			Entrants (4)	Leavers (5)	Others (6)	Total (7)	
4	Skin .. ..	T	50	6	68	124	30
		O	56	6	74	136	25
5	Eyes—						
	(a) Vision.. ..	T	149	30	241	420	901
		O	410	30	259	699	1,053
	(b) Squint.. ..	T	101	—	63	164	361
		O	33	1	42	76	534
	(c) Other .. ..	T	7	2	83	92	9
		O	9	6	51	66	4
6	Ears—						
	(a) Hearing .. ..	T	74	26	175	275	149
		O	50	15	108	173	136
	(b) Otitis Media	T	11	4	21	36	2
		O	13	7	24	44	15
	(c) Other .. ..	T	12	1	35	48	14
		O	16	2	33	51	19
7	Nose and Throat..	T	117	16	158	291	180
		O	212	15	253	380	142
8	Speech .. ..	T	49	—	42	91	57
		O	70	4	76	150	91
9	Lymphatic Glands	T	5	—	7	12	2
		O	9	2	7	18	5
10	Heart .. ..	T	37	10	42	89	22
		O	67	19	96	182	52
11	Lungs .. ..	T	26	7	32	65	36
		O	103	23	155	281	62
12	Developmental—						
	(a) Hernia .. ..	T	14	1	12	27	3
		O	48	1	39	88	14
	(b) Other .. ..	T	44	25	138	207	58
		O	145	43	337	525	193
13	Orthopaedic—						
	(a) Posture .. ..	T	4	1	9	14	10
		O	11	1	23	35	7
	(b) Feet .. ..	T	20	4	23	46	24
		O	70	9	47	126	25
	(c) Other .. ..	T	27	13	32	72	21
		O	59	21	60	140	23
14	Nervous System—						
	(a) Epilepsy .. ..	T	10	7	36	53	11
		O	18	21	47	86	18
	(b) Other .. ..	T	2	6	14	22	13
		O	38	5	53	96	18
15	Psychological—						
	(a) Development	T	51	7	90	148	239
		O	209	10	207	426	194
	(b) Stability .. ..	T	22	4	73	99	96
		O	121	7	154	282	186
16	Abdomen .. ..	T	15	3	31	49	6
		O	24	1	29	54	18
17	Other .. ..	T	49	16	129	194	92
		O	46	22	108	176	67

PART 1 (continued)—TABLE B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	..	..	..	9,381
Number of Re-inspections	..	..	..	..	..	..	..	4,521
Total								13,902

TABLE C.—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	..	..	..	..	..	..	94,666
(b) Total number of individual pupils found to be infested	..	..	..	..	..	..	5,354

Part III—Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	321
Error of refraction (including squint)	4,349
Total	4,670
Number of pupils for whom spectacles were prescribed	1,501

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	119
(b) for adenoids and chronic tonsillitis	743
(c) for other nose and throat conditions	91
Received other forms of treatment	990
Total	1,943
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1972	14
(b) in previous years	159*

\* Includes 59 pupils from other Authorities' areas.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients' departments	531
(b) Pupils treated at School for postural defects	—

TABLE D.—DISEASES OF THE SKIN (excluding uncleanness,  
for which see TABLE C of Part I)

								<i>Number of cases known to have been treated</i>
Ringworm—(a) Scalp	..	..	..	..	..	..	..	7
(b) Body	..	..	..	..	..	..	..	17
Scabies	..	..	..	..	..	..	..	77
Impetigo	..	..	..	..	..	..	..	82
Other Skin Diseases	..	..	..	..	..	..	..	4,108
Total	..							4,291

TABLE E.—CHILD GUIDANCE TREATMENT

								<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinic	..	..	..					365

TABLE F.—SPEECH THERAPY

								<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	..	..	..	..				382

TABLE G.—OTHER TREATMENT GIVEN

								<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	..	..	..	..	..	..	..	2,502
(b) Pupils who received convalescent treatment under School Health Service arrangements	..	..	..	..	..	..	..	48
(c) Pupils who received B.C.G. Vaccination	..	..	..	..	..	..	..	3,231
(d) Other than (a), (b) and (c) above:								
1—by the Authority : paediatrics	..	..	..	..	..	..	..	77
2—by the Authority : heart cases	..	..	..	..	..	..	..	47
3—at hospital : general medicine	..	..	..	..	..	..	..	413
4—at hospital : orthopaedic and general surgery	..	..	..	..	..	..	..	858
Total (a)—(d)								7,176



# HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

	During the calendar year ended 31st December, 1972:	Blind (1)	P.S. (2)	Deaf (3)	Pt. Htg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	TOTAL Cols. (1) to (10) (11)
A	Number of handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes .. .. .	1	2	2	1	5	2	7	84	—	1	105
	boys	—	1	2	—	5	1	4	75	2	1	91
	girls	—	—	—	—	—	—	—	—	—	—	—
B	(i) of those included at A above ..	1	1	2	1	5	1	6	38	—	1	56
	boys	—	—	2	—	5	1	3	40	1	—	52
	girls	—	—	—	—	—	—	—	—	—	—	—
	(ii) of those assessed prior to January, 1972 .. .. .	—	—	—	—	—	—	—	—	—	—	—
	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
	(iii) TOTAL newly placed .. .. .	1	1	2	1	5	2	7	74	—	1	94
	boys	—	—	2	—	5	1	5	63	1	—	77
	girls	—	—	—	—	—	—	—	—	—	—	—
	On 25th January, 1973 number of children from the Authority's area:											
	requiring places in special schools other than hospital special schools											
I	Under 5 years of age	—	—	—	—	—	—	—	—	—	—	—
	waiting before 1.1.72	—	—	—	—	—	—	—	—	—	—	—
	(a) day places ..	—	—	—	—	—	—	—	—	—	—	—
	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—	—	—	—	—	—
	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—

(continued)

On 25th January, 1973 number of children from the Authority's area: (1)										
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
2	Under 5 years of age	{ assessed after 1.1.72	{ (a) day places ..	{ boys	{ —	{ —	{ —	{ —	{ —	{ 5
			{ (b) boarding places ..	{ girls	{ —	{ —	{ —	{ —	{ —	{ 8
3	Aged 5 years and over	{ waiting before 1.1.72	{ (a) day places ..	{ boys	{ —	{ —	{ 1	{ —	{ —	{ 1
			{ (b) boarding places ..	{ girls	{ —	{ —	{ —	{ —	{ —	{ 5
4	Aged 5 years and over	{ newly assessed after 1.1.72	{ (a) day places ..	{ boys	{ —	{ —	{ 1	{ —	{ —	{ 8
			{ (b) boarding places ..	{ girls	{ —	{ —	{ —	{ 1	{ —	{ 2
5	Total awaiting admission to special schools other than hospital special schools	{	{ (a) day places ..	{ boys	{ —	{ —	{ 13	{ —	{ —	{ 14
		{	{ (b) boarding places ..	{ girls	{ —	{ —	{ 12	{ —	{ —	{ 15
6	On the registers of:	{ Maintained special schools including attached units and hospital special schools	{	{ boys	{ 1	{ 23	{ 12	{ 20	{ 1	{ 15
			{ day	{ girls	{ —	{ 16	{ 2	{ 24	{ 2	{ 322
			{ boarding	{ boys	{ 1	{ 5	{ 1	{ 3	{ —	{ 5
			{ girls	{ girls	{ —	{ 4	{ —	{ 1	{ 1	{ 10

(continued)

# HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
7	On the registers of:	Non-maintained special schools including attached units and hospital special schools	boys	—	—	—	—	—	—	—	—	—
			girls	—	—	—	—	—	—	—	—	—
		boarding	boys	2	—	—	3	5	3	5	1	19
			girls	1	—	—	1	1	1	2	—	7
8	Independent schools under arrangements made by the Authority	day	boys	—	—	—	—	—	—	—	—	—
			girls	—	—	—	—	2	—	—	—	2
		boarding	boys	—	—	1	—	2	1	—	—	4
			girls	—	—	2	—	—	1	—	—	3
9	Boarded in homes and not already included in B above	boys	—	—	—	—	—	6	—	—	—	6
		girls	—	—	—	—	—	3	—	—	—	3
10	Total number of handicapped children awaiting places in special schools; receiving education in special schools; Independent schools; special classes and units under Section 56 of the Education Act 1944 and boarded in homes.	boys	4	7	24	12	6	29	472	7	2	588
		girls	1	6	17	2	4	11	338	2	1	413
11	Educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944	(i) in hospitals	—	—	—	—	—	—	—	—	—	—
		(i) in other groups	—	—	—	—	—	—	—	—	—	—
		(iii) at home	boys	—	—	—	1	—	—	—	—	1
			girls	—	—	—	1	—	—	—	—	1

# APPENDIX "C"

## TREATMENT ARRANGEMENTS

<i>Clinic</i>	<i>Place</i>	<i>Sessions</i>	<i>Minor Ailments Attendances during 1972</i>
Minor Ailments ..	Central Clinic 28 Chaucer Street	Daily and Medical Officer twice weekly	5,357
	Arkwright School London Road	3 times a week	4,301
	Bestwood Clinic Beckhampton Road	Daily and Medical Officer weekly	9,251
	Bosworth Clinic Bosworth Road	Weekly	194
	Bulwell Clinic Main Street	Daily and Medical Officer weekly	3,328
	Clifton Clinic Southchurch Drive	Daily and Medical Officer weekly	7,182
	Player Clinic Beechdale Road	Daily and Medical Officer weekly	10,125
	Portland School Westwick Road	3 times a week	1,963
	Rosehill Clinic St. Matthias' Road	Daily and Medical Officer weekly	6,242
	Scotholme Clinic Beaconsfield Street	Daily	4,941
	Welbeck School Queen's Drive	3 times a week	2,414
	William Crane Clinic Aspley Estate	Daily	5,959
Dental .. ..	Central Clinic	Fillings, Orthodontics and Extractions	
	Bestwood Clinic	Fillings and Extractions	
	Bulwell Health Centre	Fillings and Extractions	
	Clifton Clinic	Fillings and Extractions	
	Hyson Green (Mary Potter) Health Centre	Fillings and Extractions	
	Player Clinic	Fillings and Extractions	
	Rosehill Clinic	Fillings and Extractions	
Ophthalmic ..	Central Clinic	6 weekly	
	Bestwood, Bulwell Clifton, Player and Rosehill Clinics		



# TREATMENT ARRANGEMENTS—(continued)

<i>Clinic</i>	<i>Place</i>	<i>Sessions</i>
Ear, Nose and Throat	Central Clinic	Twice weekly
	Ewing School for the Deaf and Partially Hearing, Mansfield Road	Monthly
Paediatric .. ..	Central Clinic	Weekly
Child Psychiatry .. (Child Guidance)	Schools' Psychological Centre	6 weekly
Educational Assessment .. ..	Schools' Psychological Centre	3 weekly
Educationally Sub-normal Assessment ..	Central Clinic	3 weekly
	Bestwood and Clifton Clinics	
Speech .. ..	Schools' Psychological Centre	Twice monthly
Speech Therapy ..	Schools' Psychological Centre	10 weekly
	Bestwood Clinic	2 weekly
	Bulwell Clinic	2 weekly
	Clifton Clinic	4 weekly
	Player Clinic	3 weekly
	Rosehill Clinic	2 weekly
	William Crane Clinic	2 weekly
Dyslexia .. ..	Schools' Psychological Centre	Weekly
Remedial Teaching ..	Schools' Psychological Centre	9 weekly
	Bulwell Clinic	1 weekly
	Scotholme Clinic	1 weekly
	William Crane Clinic	2 weekly
General Duty .. ..	Central Clinic	Daily
Audiometry .. ..	Central Clinic	Twice monthly
Enuretic .. ..	Central Clinic	Weekly

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## CITY OF NOTTINGHAM GENERAL INFORMATION AS AT 31ST DECEMBER, 1972

Area .. .. . acres	18,364	No. of Schools .. .. .	161
Population .. .. .	294,420	No. on Rolls .. .. .	55,514
Density of Population : 16.03 persons per acre		Average Attendance .. .. .	89.4 %

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